

## SBAT Notification/Request for Training Plan TAFE NSW - WEST Region

Please <b>x</b> in appropriate boxes								<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Traineeship	<input type="checkbox"/> New Training Plan required	<input type="checkbox"/> Amended Training Plan required
<b>Apprentice/Trainee Details</b>											
Given Name				Surname							
Date of Birth				Gender				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Address			Suburb			State		Postcode			
Phone		Mobile		Email							
Year at School		ATSI <input type="checkbox"/> Yes <input type="checkbox"/> No		Disability Support <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		BOS NO					
Parent/Guardian				Phone		Email					
<b>Training Details</b>											
SbAT Commencement Date			SbAT Completion Date			Commencement Date of Training					
Vocation Title				Qualification Title							
HSC VET Course			Qualification Level			NTIS Code					
<b>Employer Details</b>											
Legal Name				Trading Name							
Address			Suburb			State		Postcode			
Contact Name			Fax		Phone		Mobile				
Email							ABN				
<b>Host Employer Details</b>											
<b>RTO Details</b>											
RTO 1	Name			TAFE NSW – West Region			Contact Name		Pam Hill		
	Fax			Phone		<del>02 9752 0344</del>		Mobile		0448 569 716	
	NTIS Code			90003		Email		SBAT-west@tafnsw.edu.au			
RTO 2	Name						Contact Name				
	Fax			Phone				Mobile			
	NTIS Code					Email					
<b>School Details</b>											
Name				Region/Diocese				School Suburb		State	
School Sector	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Independent <input type="checkbox"/> Other										
Contact Name			Fax		Phone		Mobile				
Email											
<b>Australian Apprenticeships Centre (AAC)</b>											
Name				Suburb			State		Postcode		
Contact Name			Phone		Mobile		Email				
<b>Other Information (Comments/Instructions)</b>											
<b>On-The-Job Training Days Required</b>											
Total Required			Completed to Date				Total Days Remaining				
Days During	Year 10		Year 11		Year 12		Post HSC		Total		
School Terms											
Holidays											
Total											
<b>Proposed Pattern of On and Off-the-Job Training</b>											
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun				
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Formal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				